

2001 CALIFORNIA WOMEN'S HEALTH SURVEY

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Closing changed June 1, 2001

Questions about the survey should be directed to:

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INTROQ

HELLO, I'm (interviewer name) calling on behalf of the California Department of Health Services and the Office of Women's Health.

Is this (phone number) ?

1. Yes---> (Continue)
2. No ---> Thank you very much, but I seem to have dialed the wrong number. (Stop)

NUMADULT

We're doing a study of the health practices of California adults. Your number has been randomly chosen to be included in the study, and we'd like to ask some questions about things people do which may affect their health. Our study requires that we randomly select one adult who lives in your household to be interviewed. How many members of your household, including yourself, are 18 years of age or older?

____ Enter the number of adults

NUMWOMEN

(If NUMADULT GT 1)

How many are women?

____ Enter the number of women (0-9)

MENONLY

(If NUMWOMEN EQ 0)

Thank you for your cooperation, but we are only interviewing women age 18 and older at this time.

NUMMEN

(If NUMADULT GT 1)

How many are men?

____ Enter the number of men (0-9)

(Verify: NUMMEN+NUMWOMEN=NUMADULT)

SELECTED

(If NUMWOMEN GT 1)

The person in your household I need to speak with is the _____.

Are you the (SELECTED) ?

1. Yes---> Continue.
2. No ---> **May I speak with the _____?**

ONEADULT

(If NUMWOMEN = 1)

Are you the adult?

1. Yes---> **Then you are the person I need to speak with. All the information obtained in this study will be confidential.**
2. No ---> **May I speak with her?** (When selected adult answers:)

Hello, I'm (interviewer name) calling on behalf of the California Department of Health Services and the Office of Women's Health.

Introduction:

We're doing a special survey of California women and are asking about their health practices and day-to-day living habits. Your telephone number was randomly selected from all California phone numbers. You have been randomly chosen to be included in the study from among the adult women of your household.

Before I ask you any questions, I want to be sure you know that your participation is totally voluntary and that all the answers you provide will be kept confidential. You will not be identified in any way in any reports. Your answers will be combined with the answers of the 4000 other women who take part in the survey.

You may stop the interview at any time. If there is a question that you cannot or do not wish to answer, please tell me and I'll go to the next question.

In this survey, we are asking questions about health care coverage, experience with breast cancer screening tests, alcohol and tobacco use, vitamin use, mental health and family violence. Depending on your age, you may also be asked about family planning, childbirth and breastfeeding experience, and experience with the Women, Infants and Children's program.

We appreciate your cooperation with this survey. The only cost to you is the time needed to answer the questions. The survey takes about 25 minutes. Although you may not gain personally from taking part in this survey, the information you give will be used to improve state programs and to identify areas of need to improve the health of California women.

First I'd like to ask some questions about your health.

GENHLTH (Core)

HEALTH.

1. Would you say that in general your health is: Excellent, Very good, Good, Fair, or Poor?

- 1. Excellent
- 2. Very good
- 3. Good
- 4. Fair
- 5. Poor

- 7. Don't know / Not sure
- 9. Refused

PHYSHLTH (Core)

Type VII.

2. Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?

___ Enter Number of days

- 88. None

- 77. Don't know / Not sure
- 99. Refused

MENTHLTH (Core)

Type VII.

3. Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?

___ Enter Number of days

- 88. None

- 77. Don't know / Not sure
- 99. Refused

POORHLTH (Core) (Ask if PHYSHLTH >=1 or MENTHLTH >=1)

TYPE VII.

4. During the past 30 days for about how many days did poor physical or mental health keep you from doing your usual activities such as self-care, work or recreation?

___ Enter Number of days

- 88. None

- 77. Don't know / Not sure
- 99. Refused

HEALTH ACCESS

These next questions are about women's access to medical care. Please be assured that I am not trying to sell you insurance coverage.

HAVEPLN3 (Core)

YESNO.

5. Do you have ANY kind of health care coverage? (This would include health insurance, prepaid plans such as HMOs--health maintenance organizations--or government plans such as Medicare or Medi-Cal.)

1. Yes
2. No
7. Don't know / Not sure
9. Refused

HLTHPLAN (Core)

YESNO.

(If HAVEPLN3 = 2, 7, or 9 ask:)

There are some types of coverage you may not have considered. Please tell me if you have coverage through any of the following:

(If HAVPLN3 = 1, ask:)

	Yes	No	DK/NF	RF	
Do you receive health care coverage through:					
6. Your employer	1	2	7	9	EMPPLAN
7. Someone else's employer (including spouse)	1	2	7	9	OEMPLAN
8. A plan that you or someone else buys on your own	1	2	7	9	OWNPLAN
9. Medicare	1	2	7	9	MEDICARE
10. Medi-Cal (Medicaid)	1	2	7	9	MEDICAL
11. The military, CHAMPUS, or the VA [or CHAMP-VA]	1	2	7	9	MILPLAN
12. Indian Health Service, or,	1	2	7	9	INDIANHS
13. Some other source	1	2	7	9	OTHRSRCE

If no "Yes" responses to Q6-13, go to PASTPLAN;
If more than one "Yes" to Q6-13, go to MAINPLAN, else go to GAPPLN

MAINPLAN (Core)

MAINPLNB.

14. What type of health care coverage do you use to pay for MOST of your medical care?

Is it coverage through: (Read only if necessary)

1. Your employer
2. Someone else's employer (including your spouse)
3. A plan that you or someone else buys on your own
4. Medicare
5. Medi-Cal (Medicaid)
6. The military, CHAMPUS, the VA (or CHAMP-VA)
7. Indian Health Service
8. Some other source

88. None

77. Don't know / Not sure

99. Refused

GAPPLN (Core)

YESNO.

15. In the past 12 months, was there any time that you did NOT have ANY health insurance or coverage?

1. Yes

2. No

(Go to HMOPPO2)

7. Don't know / Not sure

(Go to HMOPPO2)

9. Refused

(Go to HMOPPO2)

GAPPLNT (Core)

TYPE II.

16. In how many of the past 12 months were you without any coverage?

_____ (number)

77. Don't know / Not sure

99. Refused

HMOPPO2 (Core)

YESNO.

17. Do you receive your health care through an HMO (Health Maintenance Organization)?

1. Yes

2. No

7. Don't know / Not sure

9. Refused

HLTHLIST (Core)

HLTHLIST.

18. Not including any supplemental and medigap health insurance, what is the name of the health plan you use to pay for most of your medical care?

Select from Brandlist

96. Other (Specify)

777. Don't know / Not sure

(Go to CHECKUP2)

888. None

(Go to CHECKUP2)

999. Refused

(Go to CHECKUP2)

TIMEPLAN (Core)

HOWLNGD.

19. About how long have you had this particular health coverage?

Read Only if Necessary

- | | | |
|----|--------------------------------------------------------|------------------|
| 1. | Within the past 6 months (more than 0 to 6 months) | (Go to CHECKUP2) |
| 2. | Within the past year (more than 6 months to 1 year) | (Go to CHECKUP2) |
| 3. | Within the past 2 years (more than 1 year to 2 years) | (Go to CHECKUP2) |
| 4. | Within the past 5 years (more than 2 years to 5 years) | (Go to CHECKUP2) |
| 5. | More than 5 years ago | (Go to CHECKUP2) |
| | | |
| 7. | Don't know / Not sure | (Go to CHECKUP2) |
| 9. | Refused | (Go to CHECKUP2) |

PASTPLAN (Core)

HOWLONGC.

20. About how long has it been since you had health care coverage?

Read Only if Necessary

- | | |
|----|--------------------------------------------------------|
| 1. | Within the past 6 months (more than 0 to 6 months) |
| 2. | Within the past year (more than 6 months to 1 year) |
| 3. | Within the past 2 years (more than 1 year to 2 years) |
| 4. | Within the past 5 years (more than 2 years to 5 years) |
| 5. | More than 5 years ago |
| | |
| 7. | Don't know / Not sure |
| 8. | Never |
| 9. | Refused |

CHECKUP2 (Core) Ask all women

HOWLONG.

21. Some people visit a doctor for a routine checkup, even though they are feeling well and have not been sick. About how long has it been since you last visited a doctor for a routine medical checkup?

(Read only if necessary)

- | | |
|----|--------------------------------------------------------|
| 1. | Within the past year (0 years to 1 year) |
| 2. | Within the past 2 years (more than 1 year to 2 years) |
| 3. | Within the past 5 years (more than 2 years to 5 years) |
| 4. | More than 5 years ago |
| | |
| 7. | Don't know / Not sure |
| 8. | Never |
| 9. | Refused |

CONTINUITY OF CARE

WHERCARE (NEW) (MCH)

WHERCARE.

22. During the past 12 months, where did you USUALLY go when you needed health care? Have you usually gone to an. . .

1. Emergency room
2. Private doctor
3. Hospital clinic
4. HMO clinic
5. Community clinic
6. Acute care clinic
7. Urgent care clinic
8. Doesn't go to one place most often (Do not read)
9. Did not see anyone during the past 12 months (Do not read)
10. Other (Specify _____)
77. Don't know / Not sure
99. Refused

HEART DISEASE

HEARTTLK (CMRI: American Heart Association) Ask of all women

YESNO.

23. Has your doctor or other health provider talked with you about heart disease?

1. Yes
2. No
7. Don't know / Not sure
9. Refused

For the next three questions, please tell me if you think the following things increase, decrease, or make no difference in a woman's risk for heart disease.

HEARTHRT (NEW) (CMRI)

RISKC.

Ask of all women

24. Does hormone replacement therapy – that is, taking Premarin, Estrace, or Estratab - increase, decrease, or make no difference in a woman's risk for heart disease?

1. Increase
2. Decrease
3. Makes no difference
7. Don't know / Not sure
9. Refused

HEARTWT (NEW) (CMRI) (Ask all women)

RISKC.

25. Does being overweight increase, decrease, or make no difference in a woman's risk for heart disease?

1. Increase
2. Decrease
3. Makes no difference
7. Don't know / Not sure
9. Refused

HEARTEAT (NEW) (CMRI) (Ask all women)

RISKC.

26. Does eating a diet low in fat and cholesterol increase, decrease, or make no difference in a woman's risk for heart disease?

1. Increase
2. Decrease
3. Makes no difference
7. Don't know / Not sure
9. Refused

BPCCK12M (NEW) (CMRI) - Ask of all women

YESNO.

27. In the past 12 months, have you had your blood pressure checked?

1. Yes
2. No
7. Don't know / Not sure
9. Refused

CHCK12M (NEW) (CMRI) - Ask of all women

YESNO.

28. In the past 12 months, have you had your cholesterol level checked?

1. Yes
2. No
7. Don't know / Not sure
9. Refused

CVDBELI2 (NEW) (CMRI) - Ask of all women

CVDMORTB.

29. Among women, which do you believe is the leading cause of death? Would you say...

1. Breast cancer
2. Heart disease
3. Neither, or
4. Both
7. Don't know / Not sure
9. Refused

SMOKING

Now I would like to ask you a few questions about cigarette smoking

SMOKE100 (Core) Ask all women

YESNO.

30. Have you smoked at least 100 cigarettes in your entire life?

5 packs = 100 cigarettes

1. Yes
2. No (Go to WICHEAR2)
7. Don't know / Not sure (Go to WICHEAR2)
9. Refused (Go to WICHEAR2)

SMKEVDA2 (Core)

EVDAY.

31. Do you now smoke cigarettes everyday, some days, or not at all?

1. Everyday
2. Some days
3. Not at all
7. Don't know / / Not sure
9. Refused

The next few questions are about the Women, Infants, and Children program, also known as the WIC program

WICHEAR2 (WIC) Ask all women

YESNO.

32. Have you heard of the WIC program?

1. Yes
2. No (Go to AGE)
7. Don't know / Not sure (Go to AGE)
9. Refused (Go to AGE)

WICAD (NEW) (WIC)

YESNO.

33. Within the last 12 months, have you seen or heard any message about the WIC program?

1. Yes
2. No (Go to FOODWIC)
7. Don't know / Not sure (Go to FOODWIC)
9. Refused (Go to FOODWIC)

WHEREHA2 (NEW) (WIC)

YESNO.

34. Where did you hear about WIC? Was it from . . .

	Yes	No	DK\NS	REF	
1. a friend or relative	1	2	7	9	WHEREH_H
2. a doctor's office or a clinic office	1	2	7	9	WHEREH_N
3. television	1	2	7	9	WHEREH_F
4. radio	1	2	7	9	WHEREH_G
5. a bus bench, billboard, or public transportation	1	2	7	9	WHEREH_O
6. other (specify)	1	2	7	9	WHEREH_J

FOODWIC (WIC, CPNS)

YESNO.

35. In the last 12 months have you received food assistance from WIC (coupons/vouchers)?

1. Yes
2. No
7. Don't know / Not sure
9. Refused

Because a number of the following questions are age-dependent, before we continue, I need to ask:

AGE (Core)

TYPE I.

36. How old were you on your last birthday?

___ Enter age in years

7. Don't know / Not sure

9. Refused

If AGE LT 50, go to PREGNANT;
If AGE GE 50 and LT 55, go to PREG5YR;
If AGE GE 55, go to LIVEBRT2

PREGNANCY

PREGNANT (Core) (Asked of those AGE 18-49)

YESNO.

37. To your knowledge, are you now pregnant?

1. Yes

(Go to PREG5YR)

2. No

7. Don't know / Not sure

9. Refused

TRYPREG (OFP)

YESNO.

38. Are you currently trying to become pregnant?

1. Yes

2. No

7. Don't know / Not sure

9. Refused

PREG5YR (CORE) Asked of those AGE 18-54

YESNO.

39. Have you been pregnant in the past five years?

If PREGNANT=1 ASK:]

Other than your current pregnancy, have you been pregnant in the past five years?

1. Yes

2. No

7. Don't know / Not sure

9. Refused

LIVEBRT2 NEW (MCH) Ask all women

TYPE II.

40. How many children have you ever given birth to, counting only live births?

___ Enter Number

88. None

(Go FOLICEAT)

77. Don't know / Not sure

(Go FOLICEAT)

99. Refused

(Go FOLICEAT)

DATEBRTH (MCH)

41. On what date did you last give birth to a live baby?

___ Enter month DATEB_A

___ Enter year DATEB_B

77. Don't know / Not sure

99. Refused

BRTHWGHT (MCH) Ask if PREG5YR = yes

42. How much did your last baby weigh at birth?

___ Enter pounds\ounces

___ Enter grams

77. Don't know / Not sure

99. Refused

BRSTFED2 (NEW) (MCH) ask of all women who have had at least 1 live birth:

YESNO.

43. Did you breastfeed your baby born in year xxx?

1. Yes

2. No (Go to FOLICEAT)

7. Don't know / Not sure (Go to FOLICEAT)

9. Refused (Go to FOLICEAT)

WNSTPBF2 (NEW) (MCH) ask if YES above

44. How old was that child when you stopped any breastfeeding (no longer breastfed that child)?

___ Enter Number

TYPE X.

___ Enter Weeks, Months

WHEN III.

(Verify if GT 24-months)

77. Don't know / Not sure

99. Refused

Now, I would like to ask you about your use of vitamins and minerals.

FOLICEAT (NEW) (MCH) Ask all women

FOLICEAT.

45. Consuming foods with adequate levels of folic acid has been shown to reduce the risk of birth defects in newborn infants. Would knowing that some cereal had 100% of the daily amount of folic acid in one serving increase your likelihood of purchasing the cereal? Would you say. . .

1. Not at all

2. Somewhat

3. Very likely

4. Doesn't eat cereal (Do not read)

7. Don't know / Not sure

8. Doesn't know what folic acid is (Do not read)

9. Refused

VITPREN2 (MCH.) Modified Ask all women

YESNO.

46. Are you CURRENTLY taking multivitamins or prenatal vitamins?

- 1. Yes
- 2. No
- 7. Don't know / Not sure
- 9. Refused

VITTAKEB (MCH)

YESNO.

47. (If YES to VITPREN2)**Other than your prenatal or multi-vitamins, are you currently taking a pill containing the B vitamin Folate or Folic Acid?****(If NOT YES to VITPREN2)****Are you currently taking a pill containing the B vitamin Folate or Folic Acid?**

- 1. Yes
- 2. No
- 7. Don't know / Not sure
- 9. Refused

EPHEDRA (NEW) (MCH)

YESNO.

48. Now, thinking about herbal products, in the last 12 months, did you take Ephedra (Ma Huang) to help you lose weight?

- 1. Yes
- 2. No
- 3. Doesn't know term
- 7. Don't know / Not sure
- 9. Refused

SELFWGHT (CPNS)

WEIGHT.

49. Currently, do you consider yourself:

- 1. Overweight
- 2. Underweight
- 3. About the right weight for your height (Go to DAILYEAT)
- 7. Don't know / Not sure (Go to DAILYEAT)
- 9. Refused (Go to DAILYEAT)

LIKEWT2 (NEW) (CPNS). (Do not accept a range)

TYPEIV.

50. What do you consider a healthy weight for yourself?

___ Enter weight

- 7. Don't know / Not sure
- 9. Refused

DIETARY QUALITY

DAILYEAT (NEW) (CPNS)

TYPEIII.

- 51. A serving is about 1/2 cup of vegetables or fruit, 6 ounces of 100% fruit or vegetable juice, a medium piece of fruit, or 1 cup of green salad. About how many servings of fruits and vegetables do you usually eat or drink on an average day?**

___ Enter number

77. Don't know / Not sure
99. Refused

DAILYVEG (CPNS)

TYPEIII.

- 52. How many total servings of fruits and vegetables do YOU think you should eat every day for good health? (That's a combined total of BOTH fruits and vegetables.) (A serving = 1/2 cup of vegetables or fruit, 6 ounces of juice, a piece of fruit, 1 cup of green salad)**

___ Enter number

77. Don't know / Not sure
99. Refused

DAILYMLK (CPNS)

TYPEIII.

- 53. How many total servings of milk products, like fluid milk, cheese or yogurt, do YOU think you should eat every day for good health? (A serving = 8 ounces of milk or yogurt, 2 ounces of cheese)**

___ Enter number

77. Don't know / Not sure
99. Refused

8. Lactose intolerant

DEMOGRAPHICS

HISPANIC (Core)

YESNO.

- 54. Are you of HISPANIC ORIGIN such as Mexican American, Latin American, Puerto Rican or Cuban?**

1. Yes
2. No

7. Don't know / Not sure
9. Refused

ORACE3 (Core)

YES/NO.

55. Which one or more of the following would you say is your race?

Please read and mark all that apply.

- | | |
|----------------------------------------------|-------------------------------------------|
| 1. White | ORACE3_A |
| 2. Black or African American | ORACE3_B |
| 3. Asian | ORACE3_C |
| 4. Native Hawaiian or Other Pacific Islander | ORACE3_D |
| 5. American Indian or Alaska Native | ORACE3_E |
| 6. Other [specify] -----> | ORACETXT (Recoded, not retained) ORACE3_F |
| 7. Don't know / Not sure | |
| 9. Refused | |

If more than one response to ORACE3, continue. Otherwise, go to ORACE2A

ORACE4 (NEW) (Core)

ORACEC.

56. Which one of these groups would you say best represents your race?

- | | |
|----------------------------------------------|----------------------------------|
| 1. White | |
| 2. Black or African American | |
| 3. Asian | |
| 4. Native Hawaiian or Other Pacific Islander | |
| 5. American Indian or Alaska Native | |
| 6. Other [specify] -----> | ORACETXT (Recoded, not retained) |
| 7. Don't know / Not sure | |
| 9. Refused | |

If ORACE3_C EQ 1 or ORACE3_D EQ 1 or ORACE4 EQ 3 or 4, go to ORACE2A;
Else go to BIRTHPLC

ORACE2A (Core)

ORACE2A.

57. Are you Chinese, Japanese, Korean, Filipino, Vietnamese, Cambodian, Laotian, East Indian, Indonesian or Other?

- | | |
|---------------------------|-----------------------|
| 1. Chinese | 2. Japanese |
| 3. Korean | 4. Filipino |
| 5. Vietnamese | 6. Cambodian |
| 7. Laotian | 8. East Indian |
| 9. Indonesian | 10. Hawaiian |
| 11. Samoan | 12. Pakistani |
| 13. Saipanese | 14. Fijian |
| 15. OTHER: (specify) | ----->ORA2ATXT (Text) |
| 77. Don't know / Not sure | 99. Refused |

BIRTHPLC (Core)

BIRTHPLC.

58. In what country were you born?

Select From Brand List

14. Other (specify _____)

77. Don't know / Not sure
99. Refused

(Go to MARITAL)
(Go to MARITAL)

BIRTHTXT
58.5 OTHER (SPECIFY)

if BIRTHPLC eq1 go to MARITAL; else continue

USENTRY (Core)

TYPE I.

59. In what year did you first enter the U.S.?

___ Enter year

7777. Don't know / Not sure

9999. Refused

MARITAL (Core)

MARITAL.

60. Are you: married, divorced, widowed, separated, never married, or a member of an unmarried couple?

1. Married
2. Divorced
3. Widowed
4. Separated
5. Never married
6. A member of an unmarried couple

9. Refused

CHILD18 (Core)

Type II.

61. How many children under age 18 live in this household?

___ Enter Number of children

00. None

99. Refused

CHILD1-CHILD9 (Core)

Type II.

62. (If CHILD18=1, ask:) How old is the child?
(If CHILD18 GT 1, ask:) How old are the children?

INTERVIEWER NOTE: List the ages of all children in the household. If child is less than one year old then age = 1.0. ENTER WHOLE YEARS ONLY. ROUND FRACTIONS UP.

EXAMPLE: 3.0 {In this household there is one 3 year-old (.0 suffix), two 5 year-olds (.1=younger 5.15 year old, .2=older 5 year old) and one 13 year old (.0 suffix)}

5.2

13.0

Youths =

___ AGE OF CHILD/CHILDREN

77. Don't know / Not sure

99. Refused

EDUCA (Core)

EDUCA.

63. What is the highest grade or year of school you completed? (Read Only if Necessary)

1. Eighth grade or less
2. Some high school (grades 9-11)
3. Grade 12 or GED certificate (High school graduate)
4. Some technical school
5. Technical School Graduate
6. Some College
7. College graduate
8. Post graduate or professional degree
9. Refused

EMPLOY3 (Core)

EMPLOYB.

64. Are you currently: Employed full time, Employed part time, Self-employed, Out of work for more than 1 year, Out of work for less than 1 year, Homemaker, Student, Retired, or Unable to work?

1. Employed full time (32 or more hours a week)
2. Employed part time (less than 32 hours a week)
3. Self-employed
4. Out of work for more than 1 year
5. Out of work for less than 1 year
6. Homemaker
7. Student
8. Retired
9. Unable to work
99. Refused

HHSIZE (CA)*** Calculated variable do not ask *** (not formatted)

65. Household size. ((NUMADULT-NHHADULT)+CHILD18)

INCOM01 (Core)

INCOMEB.

66. Which of the following categories best describes your annual household income from all sources? Less than \$10,000; \$10,000 to less than \$15,000; \$15,000 to less than \$20,000; \$20,000 to less than \$25,000; \$25,000 to less than \$35,000; \$35,000 to less than \$50,000; \$50,000 to less than \$75,000; \$75,000 to less than \$100,000 or \$100,000 or more?

1. Less than \$10,000
2. \$10,000 to less than \$15,000
3. \$15,000 to less than \$20,000
4. \$20,000 to less than \$25,000
5. \$25,000 to less than \$35,000
6. \$35,000 to less than \$50,000
7. \$50,000 to less than \$75,000
8. \$75,000 to less than \$100,000
9. \$100,000 or more
88. \$0, No income
77. Don't know / Not sure
99. Refused

Find the point on the table where HHSIZE and INCOM95 intersect.
 If there is a table value and the table value is LT the "less than" value of the response to INCOM95, go to THRESH00.

THRESH00 (Core)

YESNO.

67. Is your annual household income above _____ (table look up for income and household size)? (This is an income threshold used for statistical purposes.)

1. Yes
2. No

7. Don't know / Not sure
9. Refused

INCOM01	=	1	2	3	4	5	6	7	8	9
HHSIZE=	1	8,350	10,800 / 15,450	16,700	20,900					
(Household Size)	2		11,250 / 14,600		20,800 / 22,500	28,100				
	3		14,150	18,400	26,200	28,300	35,400			
	4			17,050	22,100		31,500 / 35,100	42,600		
	5			19,950		25,900	36,900 / 39,900 / 49,900			
	6				22,850	29,700	42,300 / 45,700	57,100		
	7					25,750 / 33,500	47,600	51,500 / 64,400		
	8					28,650	37,250	53,000 / 57,300 / 71,600		
	9					31,550	41,000	58,400 / 63,100	78,900	
	10					34,450	44,750	63,700 / 68,900	86,100	
	11						37,350 / 48,500	69,000 / 74,700	93,400	
	12						40,250	52,300 / 74,500	80,500	100,600
	13						43,150	56,000	79,800 / 86,300/	107,900

(100%, 130%, 185%, 200%, and 250% Poverty Line; From: Federal Register, Feb 15, 2000 rounded to nearest \$50.)

If NUMADULT EQ 1 and CHILD1-CHILD9 EQ 0, go to HEIGHT
 Else continue

INCOM94B (Core)

INCOMEB.

68. Which of the following categories best describes your PERSONAL annual income from all sources, that is, the amount of money you, yourself, bring into the household? Less than \$10,000; \$10,000 to less than \$15,000; \$15,000 to less than \$20,000; \$20,000 to less than \$25,000; \$25,000 to less than \$35,000; \$35,000 to less than \$50,000; \$50,000 to less than \$75,000; \$75,000 to \$100,000, or more than \$100,000?

1. Less than \$10,000
2. \$10,000 to less than \$15,000
3. \$15,000 to less than \$20,000
4. \$20,000 to less than \$25,000
5. \$25,000 to less than \$35,000
6. \$35,000 to less than \$50,000
7. \$50,000 to less than \$75,000
8. \$75,000 to \$100,000
9. more than \$100,000

88. \$0; Doesn't have any personal income

77. Don't know / Not sure

99. Refused

HEIGHT (Core)

TYPE IV.

69. About how tall are you without shoes?

Round fractions down

Enter height in feet and inches
(Ex. 5 feet 11 inches = 511)

___ Enter height (verify if Less Than 408 or Greater Than 608)

777. Don't know / Not sure

999. Refused

WEIGHT (Core)

TYPE IV.

70. About how much do you weigh without shoes?

Round fractions up

___ Enter weight in whole pounds (verify if Less Than 80 or Greater Than 350)

777. Don't know / Not sure

999. Refused

WT12M (NEW) (CPNS)

TYPEIV.

71. How much did you weigh one year ago?

Round fractions up

___ Enter weight in whole pounds (verify if Less Than 80 or Greater Than 350)

777. Don't know / Not sure

999. Refused

COUNTY1 (Core)

COUNTYA.

72. What county do you live in?

Select From Brand List

777. Don't know / Not sure

999. Refused

ZIPCODE (Core)

TYPE IX.

73. What is your zip code?

_____ Enter the five digit number

77777 Don't know / Not sure

99999 Refused

NUMPHON2 (Core)

(not formatted)

74. How many residential telephone numbers do you have? Exclude dedicated fax lines, computer lines, cellular and mobile phones.

(8 = 8 or more)

1. One

3. Three

5. Five

7. Seven

9. Refused

2. Two

4. Four

6. Six

8. Eight

INCOMADQ (Core)

YESNO.

75. During the past month, did you feel you had enough money to meet your basic living needs?

1. Yes

2. No

7. Don't know / Not sure

9. Refused

FOOD ADEQUACY

Now I'm going to read you a few statements that people have made about their food situation. For these statements, please tell me whether the statement was **OFTEN** true, **SOMETIMES** true, or **NEVER** true for you in the last 12 months. (That is, since MONTH of last year)

OUTOFFD (WIC) Ask all women

TRUEFALB.

76. The food that I bought just didn't last, and I didn't have money to get more. Was that OFTEN, SOMETIMES, or NEVER true for you in the last 12 months?

1. Often

2. Sometimes, or

3. Never true

7. Don't know / Not sure

9. Refused

AFRDMEAL (MCH)

TRUEFALB.

77. I couldn't afford to eat balanced meals. Was that OFTEN, SOMETIMES, or NEVER true for you in the last 12 months?

1. Often true
2. Sometimes true
3. Never true

7. Don't know / Not sure
9. Refused

CUTMEAL (MCH)

YESNO.

78. In the last 12 months, did you ever cut the size of your meals or skip meals because there wasn't enough money for food?

1. Yes
2. No (Go to EATLESSC)

7. Don't know / Not sure (Go to EATLESSC)
9. Refused (Go to EATLESSC)

CUTOFTN (WIC)

HOWLONGG.

79. How often did this happen? Was it almost every month, some months but not every month, or, only in one or two months in the last 12 months?

1. Almost every month
2. Some months, but not every month
3. Only in one or two months

7. Don't know / Not sure
9. Refused

EATLESSC (WIC) (Health Status Indicator)

YESNO.

80. In the last 12 months, did you ever eat less than you felt you should because there wasn't enough money to buy food?

1. Yes
2. No

7. Don't know / Not sure
9. Refused

EVRHNGRY (WIC)

YESNO.

81. In the last 12 months, were you ever hungry but didn't eat because you couldn't afford enough food?

1. Yes
2. No

7. Don't know / Not sure
9. Refused

NOTEAT (CPNS)

YESNO.

82. During the last 12 months, did you ever eat less than you wanted or not eat at all so that some other member of your household would have enough to eat?

- 1. Yes
- 2. No
- 7. Don't know / Not sure
- 9. Refused

FDSTMAPP (CPNS, DSS)

YESNO.

83. In the last twelve months, have you applied for food stamps?

- 1. Yes
- 2. No (Go to FOODBANK)
- 7. Don't know / Not sure (Go to FOODBANK)
- 9. Refused (Go to FOODBANK)

FDSTMDEN (CPNS, DSS)

YESNO.

84. Were you denied food stamps?

- 1. Yes
- 2. No
- 7. Don't know / Not sure
- 9. Refused

In the last 12 months, have you received food assistance from any of the following sources? For each one, please tell me if you received food from the source named.

(CPNS) (Ask of all women)

YESNO.

	YES	NO	DK	RF	
85. Emergency food banks	1	2	7	9	FOODBANK
86. Meals served at a food kitchen/community site	1	2	7	9	FOODKIT
87. Senior meal site or home-delivered meals	1	2	7	9	FOODSEN
88. Food stamps (share with DSS) (NEW)	1	2	7	9	FOODSTP

FOODSTLS (NEW) (CPNS, DSS) Ask if yes to FOODSTP

TYPEIII.

89. In an average month, how many days do food stamps last in your household?

____ Enter number of days

- 77. Don't know / Not sure
- 99. Refused

WHYNOFD (CPNS)

YESNO.

Besides money, there are reasons why people don't always have the kinds of food they want or need. For each of the following, please tell me if it is a reason why YOU don't always have the kinds of food you want or need.

	YES	NO	DK	RF	NA	
90. Too hard to get to the grocery store/ local market	1	2	7	9	8	NOFDSTOR
91. Healthy foods I want are not available at work or eating out NEW	1	2	7	9	8	NOFDOUT2
92. I am not able to cook or eat because of health problems	1	2	7	9	8	NOFDHLTH

PUBASST (NEW) (DSS)

YESNO.

Now, I would like to ask you about receiving money from the county (for your family) on a regular basis. This assistance is sometimes called welfare, AFDC or CalWorks.

93. Thinking back over the past two years, did you ever receive money through one of these programs?

1. Yes
2. No (GO TO CPS)
7. Don't know / Not sure (GO TO CPS)
9. Refused (GO TO CPS)

PUBASTNW (NEW) (DSS)

YESNO.

94. Are you currently receiving money through one of these programs?

1. Yes
2. No
7. Don't know / Not sure
9. Refused

CPS (NEW) (DSS)

YESNO.

95. Thinking back to your childhood, that is, before your 18th birthday, was there ever a time you were removed from your home by the state, county, or court, and went to live with people other than your mother or father?

1. Yes
2. No
7. Don't know / Not sure
9. Refused

Next, I would like to ask you about physical activity and weight control.

**If EMPLOY3 = 4, 6, 7, 8 or 9, Go to EXERMOD;
Else continue**

EXERWORK (NEW) (Core)

EXERWORK.

96. When you are at work, which of the following best describes what you do?

1. Mostly sitting or standing
2. Mostly walking
3. Mostly heavy labor or physically demanding work
8. Doesn't work (Do not read)
7. Don't know / Not sure
9. Refused

EXERMOD (NEW) (Core)

TYPEIII.

97. In a usual week, how many days do you do moderate activities for at least 10 minutes at a time, such as brisk walking, bicycling, vacuuming, gardening, or anything else that causes some increase in breathing or heart rate?

___ Enter number days

888. None
777. Don't know / Not sure
999. Refused

EXEROFTM (NEW) (Core)

TYPEIII.

98. On days when you do moderate activities for at least 10 minutes at a time, how much total time do you spend doing these activities?

___ Enter number of minutes
___ Enter number of hours

EXERO_H
EXERO_M

777. Don't know / Not sure
999. Refused

EXBMODAY (NEW) (CPNS)

99. For good health, how many days a week do you think you should participate in moderate physical activity, exercise, or sports?

___ Enter number of days

7. Don't know / Not sure
9. Refused

EXBMODMI (NEW) (CPNS)

100. On these days, for how many minutes do YOU think you should be moderately active?

___ Enter number of minutes

7. Don't know / Not sure
9. Refused

TIMESIT2(CPNS)

TYPEVIII.

101. On a typical day, about how much time do you spend sitting; for example, while you are at work, driving, reading, or watching TV?

____ Enter number of hours
 ____ Enter number of minutes

TIME_A
 TIME_B

5555. Never
 7777. Don't know / Not sure
 9999. Refused

DIET12M (NEW) (CPNS) Ask of all respondents

YESNO.

102. Have you intentionally tried to lose weight in the past 12 months?

- | | |
|--------------------------|----------------|
| 1. Yes | |
| 2. No | (Go to HADMAM) |
| 7. Don't know / Not sure | (Go to HADMAM) |
| 9. Refused | (Go to HADMAM) |

DIETYOYO (NEW) (CPNS)

YESNO.

103. During the past 12 months, did you lose and gain back weight more than once? (yo-yo)

- | | |
|--------------------------|------------------|
| 1. Yes | (Go to DIETLBYO) |
| 2. No | |
| 7. Don't know / Not sure | (Go to DIETLBYO) |
| 9. Refuse | |

DIETLB (NEW) (CPNS) Ask if DIET12M = Yes and (DIETYOYO = No or DIETYOYO = RF)

104. How many pounds have you lost?

____ Enter number of pounds	(Go to DIETPILL)
777. Don't know / Not sure	(Go to DIETPILL)
999. Refused	(Go to DIETPILL)

DIETLBYO (NEW) (CPNS) Ask if DIET12M = Yes and (DIETYOYO = Yes or DIETYOYO = DK)

105. In your most recent weight loss attempt, how many pounds have you lost?

____ Enter number of pounds

777. Don't know / Not sure
 999. Refused

DIETPILL (NEW) (MCH)

106. In the last 12 months, how often did you use over-the-counter pills to help you lose weight? Would you say regularly, occasionally or never?

1. Regularly
2. Occasionally
3. Never
7. Don't know / Not sure
9. Refused

DIETDRK (NEW) (MCH)

107. In the last 12 months, how often have you replaced your regular food with a diet supplement drink or diet supplement bar, such as Slimfast, in order to lose weight? Would you say regularly, occasionally, or never?

1. Regularly
2. Occasionally
3. Never
7. Don't know / Not sure
9. Refused

BREAST and CERVICAL CANCER SCREENING

I would like to ask you a few questions about a medical exam called a mammogram. A mammogram is an x-ray of the breast to check for cancer and involves pressing the breast between 2 plastic plates.

HADMAM (BCEDP; CDC-C, modified lead-in) (Note: ask all women) YESNO.

108. Have you ever had a mammogram?

1. Yes
2. No (Go to BCHAD)
7. Don't know / Not sure (Go to BCHAD)
9. Refused (Go to BCHAD)

HOWLONG2 (BCEDP; CDC-C)

HOWLONGB.

109. How long has it been since you had your last mammogram?

(Read only if necessary)

1. Within the past year (more than 0 months to 12 months ago)
2. Within the past 2 years (more than 1 year to 2 years ago)
3. Within the past 3 years (more than 2 years to 3 years ago)
4. Within the past 5 years (more than 3 years to 5 years ago)
5. More than 5 years ago
7. Don't know / Not sure (Go to BCHAD)
9. Refused (Go to BCHAD)

WHYDON2 (BCEDP) (Ask if HADMAM eq 1)

WHYDONEY.

110. What was the MAIN reason you had your last mammogram? Was it because:

1. Your doctor/nurse recommended it
2. You saw or heard media messages about a mammogram
3. You had a friend or relative who recommended it
4. You had a friend or relative who has cancer
5. You were experiencing breast problems, such as lumps
6. Routine checkup
7. Other reason
77. Don't know / Not sure
99. Refused

If HOWLONG2>2 and AGE<40 continue, else go to BCHAD.

WHYNOTDN (BCEDP)

WHYNOTDN.

111. What was the MAIN reason you did not have a mammogram during the past 2 years?

1. Not recommended by a doctor/nurse/ Doctor never said it was needed
2. Not needed/ not necessary
3. Never heard of a mammogram
4. Cost
5. No insurance to pay for it
6. Too painful
8. Other (specify)
77. Don't know / Not sure
99. Refused

BCHAD (CSS)(Ask all women)

YESNO.

112. Have you ever had breast cancer?

1. Yes
2. No
7. Don't know / Not sure
9. Refused

MAMMPAY (BCEDP) (Ask all women)

PORTION.

113. If you wanted to have a mammogram, would you have to pay for all, part or none of the cost?

1. All
2. Part (includes co pay)
3. None (Go to MAMMED12)
7. Don't know / Not sure (Go to MAMMED12)
9. Refused (Go to MAMMED12)

MAMMDFP (BCEDP)

DIFFIC.

114. How difficult would it be for you to pay for the cost of the mammogram test? Would you say very difficult, somewhat difficult, a little difficult or not at all difficult?

1. Very difficult
2. Somewhat difficult
3. A little difficult
4. Not at all difficult

7. Don't know / Not sure
9. Refused

MAMMEDI2 (BCEDP) (Ask all women)

YESNO.

115. Since January 1, 2000, have you noticed any posters, billboards, commercials or advertisements with a message about having a mammogram test?

1. Yes
2. No

7. Don't know / Not sure
9. Refused

A clinical breast exam is when a doctor, nurse, or other health professional feels the breast for lumps.

HADCBF (BCEDP; CDC-C)

YESNO.

116. Have you ever had a clinical breast exam?

1. Yes
2. No (Go to LUMPOFT2)

7. Don't know / Not sure (Go to LUMPOFT2)
9. Refused (Go to LUMPOFT2)

WHENCBE (BCEDP; CDC-C)

HOWLONGB.

117. How long has it been since your last breast exam? (Read only if necessary)

1. Within the past year (more than 0 months to 12 months ago)
2. Within the past 2 years (more than 1 year to 2 years ago)
3. Within the past 3 years (more than 2 years to 3 years ago)
4. Within the past 5 years (more than 3 years to 5 years ago)
5. More than 5 years ago

7. Don't know / Not sure
9. Refused

LUMPOFT2 (NEW) (BCEDP)

YESNO.

118. In the last two months, have you tried to examine your own breasts for lumps or other changes?

1. Yes
2. No

7. Don't know / Not sure
9. Refused

If BCHAD = 1, go to HADPAP, else continue.

BCGENET (NEW) (BCEDP)

YESNO.

119. If there was a free genetic test that could tell you about your risk for breast cancer, would you be willing to take the test?

- 1. Yes
- 2. No
- 7. Don't know / Not sure
- 9. Refused

HADPAP (OWH)

YESNO.

A Pap smear is a test where material is taken from the cervix, that is the mouth of the womb, to see if any cancer cells are present.

120. Have you ever had a Pap smear?

- 1. Yes
- 2. No (Go to WHATPAP)
- 7. Don't know / Not sure (Go to WHATPAP)
- 9. Refused (Go to WHATPAP)

WHENPAP3 (NEW) (OWH) Ask if HADPAP eq 1

121. When did you have your last Pap smear? [Probe for month and year.]

____ Enter Month WHENP_A
 ____ Enter Year WHENP_B

777777. Don't know / Not sure
 999999. Refused

PAPINFO (NEW) (OWH) Ask if had a Pap smear since January 1, 1999 YESNO.

122. At the time of your last Pap smear, did your doctor or other health care provider give you a pamphlet with information on gynecologic cancers that can develop in women's reproductive systems?

- 1. Yes
- 2. No
- 3. Doesn't know what gynecologic cancers are
- 7. Don't know / Not sure
- 9. Refused

WHATPAP (OWH)

WHATCA.

123. Which of the following can be detected with a Pap smear? Would you say Ovarian Cancer, Cervical Cancer, Both or Neither

- 1. Ovarian Cancer
- 2. Cervical Cancer
- 3. Both
- 4. Neither
- 7. Don't know / Not sure
- 9. Refused

If PREGNANT EQ 1 or TRYPREG =1, go to COLOTLK; else continue.

HYSTER2 (CORE)

YESNO.

124. Have you had a hysterectomy (that is, an operation to remove the uterus/womb)?

- 1. Yes
- 2. No

- 7. Don't know / Not sure
- 9. Refused

If AGE LT 50, go to OSTEOHRD; else continue

COLOTLK (NEW) (NCI, CMRI) (NEW) Ask women age 50 and older

YESNO.

125. Has a doctor or nurse ever talked to you about being tested for colorectal cancer?

- 1. Yes
- 2. No

- 7. Don't know / Not sure
- 9. Refused

COLOEVER (CMRI: UCSF ; Kaiser) Ask women age 50 and older:

A blood stool test is a test that checks for the possible presence of blood that one cannot see in the stools. A person takes small samples of her stools for 3 days, puts them on cards provided by the doctor, and returns the cards to the doctor for testing.

126. Have you ever had this test?

- 1. Yes
- 2. No (Go to SIGEVER)

- 7. Don't know / Not sure (Go to SIGEVER)
- 9. Refused (Go to SIGEVER)

WHENCARD (CMRI: UCSF ; Kaiser) Ask women age 50 and older:

HOWLONGH.

127. When did you have your last test to find blood in the stools?

- 1. 1 year ago or less
- 2. Between 1 to 2 years ago
- 3. More than 2 years ago

- 7. Don't know / Not sure
- 9. Refused

SIGEVER (CMRI: UCSF ; Kaiser) Ask women age 50 and older: YESNO.

A sigmoidoscopy or colonoscopy is a test where a doctor inserts a tube into the rectum and looks directly at the intestine to detect cancer and check for other problems.

128. Have you ever had either one of these exams?

- | | | |
|----|-----------------------|------------------|
| 1. | Yes | |
| 2. | No | (Go to WHYNOSIG) |
| 7. | Don't know / Not sure | (Go to WHYNOSIG) |
| 9. | Refused | (Go to WHYNOSIG) |

WHENSIG (CMRI: UCSF ; Kaiser) Ask women age 50 and older: HOWLONGI.

129. When did you have your last sigmoidoscopy or colonoscopy exam?

- | | | |
|----|---------------------------|----------------|
| 1. | 1 year ago or less | (Go to WHYSIG) |
| 2. | Between 1 and 5 years ago | (Go to WHYSIG) |
| 3. | More than 5 years ago | (Go to WHYSIG) |
| 7. | Don't know / Not sure | (Go to WHYSIG) |
| 9. | Refused | (Go to WHYSIG) |

WHYNOSIG (CMRI: UCSF ; Kaiser)

WHYNODNB.

Ask women age 50 and older and if COLOEVER EQ NO OR SIGEVER EQ NO:

130. There are many reasons why women don't get tests for blood in the stool or have a sigmoidoscopy or colonoscopy. What is the most important reason that you have not had all of these tests? (DO NOT READ LIST)

- | | |
|-----|----------------------------------------------------------------------------|
| 1. | Doctor didn't recommend it |
| 2. | Cost (worry about the cost) |
| 3. | Embarrassment (it's embarrassing to have that kind of test) |
| 4. | The preparation for the test (a laxative) is uncomfortable or inconvenient |
| 5. | Afraid the test might show cancer |
| 6. | Heard bad things about these tests |
| 7. | Painful |
| 8. | I don't want it (I don't want a test like that done to me) |
| 9. | I don't need it (risk of colon cancer is low; haven't had any problems) |
| 10. | Other (Reason not listed above; NOT open-ended text response) |
| 11. | Haven't had time |
| 77. | Don't know / Not sure |
| 99. | Refused |

WHYSIG (NEW) (CMRI) Ask women age 50 and older

WHYDNEC.

(Ask if COLOEVER or SIGEVER = YES) (NCI with answer categories similar to CWHS 2000 WHYDON2)

131. What was the main reason you had your last test to detect blood in the stools or had a colonoscopy or sigmoidoscopy?

1. Doctor / nurse recommended it
2. Saw or heard media messages about colorectal cancer screening
3. Had a friend or relative who recommended it
4. Had a friend or relative who has cancer
5. Experiencing symptoms that concerned you / bowel problems
(such as blood the stool, pain in abdomen or stomach, change in bowel habits)
6. Routine checkup
7. Other
77. Don't know / Not sure
99. Refused

OSTEOPOROSIS

OSTEOHRD (COPE) Ask of all women:

YESNO.

132. Have you ever heard of osteoporosis?

1. Yes
2. No (Go to OSTEOIMP)
7. Don't know / Not sure (Go to OSTEOIMP)
9. Refused (Go to OSTEOIMP)

OSTEODEF (COPE) Ask of all women:

OSTEO.

133. What do you think osteoporosis is? (DO NOT READ LIST)

1. Bone loss (loss of bone, less bone mass/density, holes in your bones, thin bones)
2. Joint problems (painful joints, stiff joints, can't bend knees/fingers/shoulders)
3. Other (mentioned other definition; NOT open-ended text response)
7. Don't know / Not sure
9. Refused

OSTEOIMP (COPE) Ask of all women:

IMPORTB.

Osteoporosis is a thinning of the bones or bone loss. This loss of bone density can lead to curving of the spine or fragile bones.**134. How important a problem do you think osteoporosis or bone loss is for women? Would you say not at all important, not very important, somewhat important, or very important?**

1. Not at all important
2. Not very important
3. Somewhat important
4. Very important
7. Don't know / Not sure
9. Refused

OSTEOTLK (COPE) Ask of all women:

YESNO.

135. Has your doctor or other health provider talked with you about how to prevent osteoporosis or bone loss?

1. Yes
2. No
7. Don't know / Not sure
9. Refused

If AGE LT 50, go to HELPKID; else continue

OSTEOTLD (COPE) Ask of women 50 and older

YESNO.

136. Have you been told you have osteoporosis or bone loss?

1. Yes
2. No
7. Don't know / Not sure
9. Refused

EVEREST2 (NEW) (COPE, CMRI) Ask of women 50 and older

YESNO.

137. Have you ever taken estrogen and/or progesterone for menopause or "the change of life"?

1. Yes
2. No (Go to HELPKID)
7. Don't know / Not sure (Go to HELPKID)
9. Refused (Go to HELPKID)

ESTROHR4 (NEW) (COPE, CMRI) Ask of women 50 and older

YESNO.

138. Are you currently taking estrogen and/or progesterone for menopause or "the change of life"?

1. Yes
2. No
7. Don't know / Not sure
9. Refused

Now, I would like to ask you about stress in your daily life.

If CHILD18 LT 1, go to MENTBELF; else continue

HELPKID (NEW) (MCH)

OFTENB.

139. The support systems I currently have to draw from are sufficient to help me cope with the stress of caring for my child(ren). Would you say.....

1. All the time
2. Most of the time
3. Some of the time
4. Almost never
8. Not applicable
7. Don't know / Not sure
9. Refused

MENTAL HEALTH ISSUES

MENTBELF (NEW) (DMH)

TYPEIV.

140. Out of every 100 adults, how many do you think have a mental health problem? By a mental health problem, we mean health conditions that result in changes in thinking, mood, or behavior.

____ Enter Number of adults

77. Don't know / Not sure

99. Refused

MENTMED (NEW) (DMH)

AGREED.

Please tell me if you agree or disagree with the following statement.

141. Prescription medications are available that reduce or control the symptoms of a mental health problem. Do you ...

1. Agree

2. Disagree

3. Neither agree nor disagree

7. Don't know / Not sure

9. Refused

MENTHELP (NEW) (DMH)

YESNO.

142. Would you be embarrassed to seek help for personal or family problems from a mental health professional such as a psychologist, psychiatrist, counselor or therapist?

1. Yes

2. No

7. Don't know / Not sure

9. Refused

MHHELP3 (NEW) (DMH)

YESNO.

143. Now thinking about the past 12 months, did you ever want (or need) help with personal or family problems from a mental health professional, such as a psychologist, psychiatrist, counselor or therapist?

1. Yes

2. No

(Go to MHNTCTRL)

7. Don't know / Not sure

(Go to MHNTCTRL)

9. Refused

(Go to MHNTCTRL)

MHTRYHL2 (NEW) (DMH)

YESNO.

144. Did you try to get help from a mental health professional?

1. Yes

2. No

(Go to MHNTCTRL)

7. Don't know / Not sure

(Go to MHNTCTRL)

9. Refused

(Go to MHNTCTRL)

MHHLAWN2 (NEW) (DMH)

YESNO.

145. Did you get help?

1. Yes
2. No
7. Don't know / Not sure
9. Refused

Now I would like to ask you about your feelings and experiences.

MHNTCTRL (Core) (All Women)

OFTEN.

146. In the past 30 days, how often have you felt that you could not control the important things in your life? Would you say...

1. Very often
2. Often
3. Sometimes
4. Rarely
5. Never
7. Don't know / Not sure
9. Refused

ALCOHOL USE

Next I would like to ask you a few questions about alcohol use.

DRNKANY1 (Core) (All Women)

YESNO.

147. During the past month, have you had at least one drink of any alcoholic beverage such as beer, wine, wine coolers, or liquor?

1. Yes
2. No (Go to DRUNK)
7. Don't know / Not sure (Go to DRUNK)
9. Refused (Go to DRUNK)

DRKALC (Core)

TYPE II.

148. During the past month, how many days per week or per month did you drink any alcoholic beverage, on the average?

____ Enter Number 1XX per week
 ____ Enter Week or Month 2XX per month

888. None (F6) (Go to DRUNK)
777. Don't know / Not sure (Go to DRUNK)
999. Refused (Go to DRUNK)

NALCOCC (Core)

TYPE III.

149. A drink is 1 can or bottle of beer, 1 glass of wine, 1 can or bottle of wine cooler, 1 cocktail, or 1 shot of liquor. On the days when you drank, about how many drinks did you drink on the AVERAGE?

____ Enter Number of drinks (One half = .5) (verify if GT 11)

88. None

77. Don't know / Not sure

99. Refused

DRINKGE5 (Core)

TYPE III.

150. Considering all types of alcoholic beverages, how many times during the past month did you have 5 or more drinks on an occasion?

____ Enter Number of times (verify if GT 15)

77. Don't know / Not sure

99. Refused

DRUNK (ADP) Ask all women

TYPEIII.

151. How often in the past year did you drink enough to feel drunk?

____ Enter Number of times (verify if GT 10)

77. Don't know / Not sure

99. Refused

DRUNKNUM (ADP) Ask all women

TYPEIII.

152. How many drinks does it take you to feel drunk?

____ Enter Number of drinks (verify if GT 10)

88. Never been drunk

77. Don't know / Not sure

99. Refused

DRKGUILT (ADP) Ask all women

YESNODK.

153. During the last year have you had a feeling of guilt or remorse after drinking?

1. Yes

2. No

3. Never Drink (Do not read)

7. Don't know / Not sure

9. Refused

ACCESS TO FAMILY PLANNING SERVICES

Now I'd like to ask you a few questions about sexual behavior. If there is a question that you cannot or do not wish to answer, please tell me and I'll go to the next question.

SEXBHAGE (OFP) Ask all women

TYPE VIII.

154. How old were you at the time of your first sexual intercourse experience?

____ Enter age in number of years

555. Never had intercourse

(Go to WHOSXEVR)

777. Don't know / Not sure

999. Refused question

HYSTER2=1 OR AGE>50 or SEXBHAGE = 555, go to WHOSXVER; else continue

Now I would like to ask you about your access to a health provider for family planning services.

FPWHEN2 (OFP) (Ask if HYSTER2 NE 1 and AGE LE 50)

HOWLONGD.

155. When did you last have a visit with a health provider to talk about or receive birth control?

(Read only if necessary)

1. Within the last six months
2. More than 6 months to 12 months ago
3. More than 12 months to 2 years ago
4. More than two years ago
5. Never

7. Don't know / Not sure

9. Refused

8. Refused Module

(Go to BCUSE3)

FPDENIE2 (OFP)

YESNORF.

156. In the past year, have you gone without birth control supplies because you did not have enough money to pay for them?

1. Yes
2. No

8. Refused Module

(Go to BCUSE3)

7. Don't know / Not sure

9. Refused

FPDENLO (OFP)

YESNORF.

157. In the past year have you gone without birth control because you did not know where to get services or supplies?

1. Yes
2. No

8. Refused Module

(Go to BCUSE3)

7. Don't know / Not sure

9. Refused

FPDENAP (OFP)

YESNORF.

158. In the past year have you gone without birth control because you could not get an appointment or it was not convenient to go to the appointment?

1. Yes
2. No
8. Refused Module
7. Don't know / Not sure
9. Refused

BIRTH CONTROL USE

BCUSE3 (OFP) (Asked if PREGNANT NE1)

YESNOM.

159. Are you or your male sex partner using a birth control method to prevent pregnancy? This includes male or female sterilization.

1. Yes
2. No (Go to BCWHYNOT)
3. No male sexual partner (Go to EMERGBC)
7. Don't know / Not sure (Go to BCWNTHOW)
9. Refused Question (Go to BCWNTHOW)
8. Refused Module (Go to BCWNTHOW)

BCTYPE (OFP)

YESNO.

160. Which birth control method or methods are you using?

(Read only if necessary) (Select all that apply)

- | | |
|--------------------------------------------------------|---------|
| 1. Male sterilization \vasectomy | BCTYP_A |
| 2. Female sterilization | BCTYP_B |
| 3. Norplant/implants | BCTYP_C |
| 4. Depo-Provera /Injectables | BCTYP_D |
| 5. Birth control pills/oral contraceptive | BCTYP_E |
| 6. IUD/coil/loop | BCTYP_F |
| 7. Condoms/rubbers | BCTYP_G |
| 8. Diaphragm | BCTYP_H |
| 9. Female condom/vaginal pouch | BCTYP_I |
| 10. Cervical cap | BCTYP_J |
| 11. Foam/jelly/cream/vaginal contraceptive film (VCF) | BCTYP_K |
| 12. Withdrawal/pulling out | BCTYP_L |
| 13. Natural family planning/Rhythm/Fertility Awareness | BCTYP_M |
| 14. Other (Specify) | BCTYP_N |
| 77. Don't know / Not sure | |
| 99. Refused Question | |
| 88. Refused Module | BCTYP_O |

BCTYPTXT

160.5 OTHER (SPECIFY)

After answering BCTYPE, go to BCPAY

BCWHYNOT (OFP)

BCWHYNOT.

161. What is the MAIN reason that you are not CURRENTLY using birth control?
(Read only if necessary)

Select from Brand List

18. Other (Specify)

88. Didn't think about it

77. Don't know / Not sure

BCWHYNOX

161.5 Other (SPECIFY)

If BCTYPE_A =1 , go to EMRGBC;

If BCTYPE_B =1, (sterilized), or BCWHYNOT = 14 (sterilized), go to BCPAY2

Else, go to BCWNTHOW

If PREGNANT EQ1, or BCTYP_L=1.OR.BCTYP_M =1 go to BCWNTHOW; Else continue

BCPAY (OFP)

YESNO.

162. How do you pay for the primary method of birth control that you use? (Select all that apply.)

- | | |
|---------------------------------------------------------------------------------|---------|
| 1. Private Health Insurance | BCPAY_A |
| 2. Medi-Cal | BCPAY_B |
| 3. Family PACT/state program/SOFP/BIC/HAP | BCPAY_C |
| 4. College-based health insurance | BCPAY_D |
| 5. Got method free from a clinic outside of a school (e.g. county or community) | BCPAY_E |
| 6. Got method free from school or school clinic | BCPAY_F |
| 7. You paid co-pay | BCPAY_G |
| 8. Partner paid co-pay | BCPAY_H |
| 9. You paid entire cost | BCPAY_I |
| 10. Partner paid entire cost | BCPAY_J |
| 11. Share cost with partner | BCPAY_K |
| 12. Family member pays cost | BCPAY_L |
| 13. Other (specify) | BCPAY_M |
| 14. Don't use birth control | BCPAY_N |
| 77. Don't know / Not sure | |
| 99. Refused | |

BCPAY2 (OFP)

YESNO.

162.5 How did you pay for the sterilization?

- | | |
|---------------------------------------------------------------------------------|----------|
| 1. Private Health Insurance | BCPAY2_A |
| 2. Medi-Cal | BCPAY2_B |
| 3. Family PACT/state program/SOFP/BIC/HAP | BCPAY2_C |
| 4. College-based health insurance | BCPAY2_D |
| 5. Got method free from a clinic outside of a school (e.g. county or community) | BCPAY2_E |
| 6. Got method free from school or school clinic | BCPAY2_F |
| 7. You paid co-pay | BCPAY2_G |
| 8. Partner paid co-pay | BCPAY2_H |
| 9. You paid entire cost | BCPAY2_I |
| 10. Partner paid entire cost | BCPAY2_J |
| 11. Share cost with partner | BCPAY2_K |
| 12. Family member pays cost | BCPAY2_L |
| 13. Other (specify) | BCPAY2_M |
| 14. Don't use birth control | BCPAY2_N |
| 77. Don't know / Not sure | |
| 99. Refused | |

If any "Yes" responses to Q 6-13, and BCUSE3=2, continue;
Else, go to EMRGBC

BCWNTHOW (OFP)

PORTION.

163. If you wanted to use birth control how would you pay for it? Would you say your private health insurance would pay. . .

1. the entire cost
2. some of the cost
3. or, none of the cost
7. Don't know / Not sure
9. Refused

EMRGBC (OFP)

YESNO.

164. To the best of your knowledge, if a woman has unprotected sex is there anything she can do in the three days following intercourse that will prevent pregnancy?

- | | |
|--------------------------|------------------|
| 1. Yes | |
| 2. No | (Go to WHOSXEVR) |
| 7. Don't know / Not sure | (Go to WHOSXEVR) |
| 9. Refused | (Go to WHOSXEVR) |

EMERGWHT (OFP)

EMERGWHT.

165. What can she do? (Do not read responses)

1. Use emergency contraception
 2. Take the "morning after" pill
 3. Have an IUD inserted
 4. Take high dose/extra/several birth control pills
 5. Take birth control pills
 6. Take RU486
 7. Have an abortion
 8. Douche
 9. Pray
 10. Other (Specify)
-
77. Don't know / Not sure
 99. Refused

The next question asks about with whom you have had any kind of sexual activity over your adult lifetime.

WHOSXEVR (CORE) (Asked of all women)

WHOSEXB.

166. Which response best describes whom you have had sex with over your adult lifetime? Would you say ... (Adult = 18 or older)

1. Sex only with a woman (or with women)
 2. Sex only with a man (or with men)
 3. Sex with both men and women
 4. Never had sex (Go to STDCHLYD)
-
7. Don't know / Not sure
 9. Refused

WHOSX12M (CORE) (Asked of all women)

WHOSEXB.

167. Which response best describes whom you have had sex with in the past 12 months? Would you say...

1. Sex only with a woman (or with women) (Go to STDCHLYD)
 2. Sex only with a man (or with men)
 3. Sex with both men and women
 4. Did not have sex (Go to STDCHLYD)
-
7. Don't know / Not sure
 9. Refused

If SEXBHAGE EQ 555 or WHOSXEVR =4 or WHOSX12M =1 OR 4, or AGE GE 50, go to STDHRPT2;
Else, continue.

SEXUALLY TRANSMITTED DISEASES

Now I'd like to ask you some questions about your current sexual behavior. If you are uncomfortable talking about this, please tell me and we will move on.

I would now like to ask you some questions about sexually transmitted diseases or STDs.

STDCHLYD(STD) (Ask if AGE<50)

YESNORF.

168. Have you ever heard of chlamydia?

1. Yes
2. No (Go to STDHRPT2)
7. Don't know / Not sure (Go to STDHRPT2)
9. Refused Question (Go to STDHRPT2)
8. Refused Module (Go to STDHRPT2)

STDCHLY2 (STD) (Ask if AGE<50)

YESNORF.

169. Please tell me if you think the following statements are true or false.

Most women infected with chlamydia have symptoms.

1. True
2. False
7. Don't know / Not sure
9. Refused Question
8. Refused Module

STDPROPG (NEW) (STD) (Ask if AGE <50)

YESNORF.

170. Women with untreated chlamydia infections are more likely to have problems getting pregnant.

1. True
2. False
7. Don't know / Not sure
9. Refused Question
8. Refused Module

CHLYDTST (STD) (Ask if AGE<50)

YESNOUN.

171. Have you been tested for chlamydia during the past 12 months?

1. Yes
2. No
3. Don't know what chlamydia is
7. Don't know / Not sure
9. Refused Question
8. Refused Module

Please tell me if you think the following statements are true or false:

STDHRPT2 (STD) Ask all women

TRUEFALS.

172. Genital herpes can be transmitted even when there are no symptoms present (such as a sore or blister).

- 1. True
- 2. False
- 7. Don't know / Not sure
- 9. Refused

STDHRPNO (STD) Ask all women

TRUEFALS.

173. Most people with genital herpes know they have it.

- 1. True
- 2. False
- 7. Don't know / Not sure
- 9. Refused

I'd like to ask you a few questions about douching. (If respondent does not know what douching is, use the following description: By douching, I am referring to flushing the inside of the vagina with fluid.)

DOUCHEVR (STD)

YESNO.

174. During the past 12 months, have you douched?

- 1. Yes
- 2. No (Go to PROBPREG)
- 7. Don't know / Not sure (Go to PROBPREG)
- 9. Refused (Go to PROBPREG)

DOUCHOFN (STD)

TYPEIV.

175. How often do you douche?

____ Enter Number of times per day, week, month, or year

- 77. Don't know / Not sure
- 99. Refused

PROBPREG (STD) from 1998

YESNO.

176. In the past, have you ever tried for more than 12 months to get pregnant and weren't successful?

- 1. Yes
- 2. No
- 7. Don't know / Not sure
- 9. Refused

INFERTIL (STD)

YESNO.

177. Have you ever been told by a doctor or other health professional that you were infertile?

1. Yes
2. No
7. Don't know / Not sure
9. Refused

DOMESTIC VIOLENCE

The next questions are about relationships. I want to be sure you know that your participation is totally voluntary and that all the answers you provide will be kept confidential. If there is a question that you cannot or do not wish to answer, please tell me and I'll go to the next question.

No matter how well two people may get along, there are times when they disagree, get annoyed with the other person, or just have spats or fights because they're in a bad mood or tired or for some other reason. They also may use many different ways of trying to settle their differences.

DVCANTLK (DV)

YESNORF.

178. I have some questions of a very private nature dealing with personal relationship issues and how couples resolve problems and conflicts. By couple I mean current or former husband, partner, boy friend or girlfriend. I want to ask you these questions only if you have privacy and no one will overhear. None of your answers will be reported to the police or other authorities. Is this a good time to ask you these questions?

1. Yes - continue
2. No - Probe for date/time to call back
8. Refused Module
7. Don't know / Not sure
9. Refused

DVFEAR (DV) (Asked of ALL Respondents)

YESNODVA.

179. In the past 12 months, have you been frightened for the safety of yourself, your family or friends because of the anger or threats of a partner or former partner?

1. Yes
2. No
3. No Partner
7. Don't know / Not sure
9. Refused

DVCNTROL (DV) (Asked of ALL Respondents)

YESNODVA.

180. At any time during the past 12 months, has a partner or former partner tried to control most or all of your daily activities? For example, controlling who you can talk to or where you can go.

1. Yes
2. No
3. No Partner
7. Don't know / Not sure
9. Refused

If DVCANTLK=8,7, or 9 go to TSS, Else continue

DVLASTYR (DV)

YESNO.

In the past 12 months has a partner:

	Yes	No	DK/NS	REF	
181. Thrown something at you?	1	2	7	9	DVYRTHRW
182. Pushed, grabbed, shoved or slapped you?	1	2	7	9	DVYRPUSH
183. Kicked, bit or hit you with a fist?	1	2	7	9	DVYRHIT
184. Beaten you up or choked you?	1	2	7	9	DVYRBEAT
185. Forced you to have sex against your will?	1	2	7	9	DVYRSEX
186. Threatened you with a knife or gun?	1	2	7	9	DVYRWPN
187. Used a knife on you or fired a gun at you?	1	2	7	9	DVYRUSE
(NEW) for 2001					
188. Followed you or spied on you?	1	2	7	9	DVYRFLOW

DVWHO (DV) (Asked if anyone said yes to any above)

189. The last time this happened, who did this to you?

1. Husband
 2. Former husband
 3. Partner
 4. Former partner
 5. Boyfriend
 6. Girlfriend
 7. Former Boyfriend
 8. Former Girlfriend
 9. Other (specify)
-
77. Don't know / Not sure
 99. Refused
 88. Refused module

DVDRUG (DV)

190. How much were drugs or alcohol involved in this incident? Would you say. . .

1. Not at all
 2. Somewhat
 3. Very much
-
7. Don't know / Not sure
 9. Refused
 8. Refused module

TSS

I am going to ask you about some stressful experiences you may have had. Please remember that everything you tell me is confidential. If at any time you feel like you would like to stop, please let me know.

TSSTKAD (NEW) (DSS)

YESNORF.

I'm going to ask you some questions about things that may have happened to you after the age of 18.

191. After the age of 18, did anyone ever take something from you by force or threat of force? This includes only face-to-face encounters, such as a mugging or hold up.

1. Yes
2. No
7. Don't know / Not sure
9. Refused
8. Refused Module (Go to PTSD1)

TSSBTAD (NEW) (DSS)

YESNORF.

192. After the age of 18, did anyone ever beat you up, such as slap, punch, or kick you, or attack you? (This includes a stranger or some one you know, like a partner or family member).

1. Yes
2. No
7. Don't know / Not sure'
9. Refused
8. Refused Module (Go to PTSD1)

TSSSXAD (NEW) (DSS)

YESNORF.

193. After the age of 18, did anyone ever force you into unwanted sexual activity by using force or threatening to harm you. (This includes any type of unwanted sexual activity, not just penetration.)

1. Yes
2. No
7. Don't know / Not sure
9. Refused
8. Refused Module (Go to PTSD1)

TSSDIAD (NEW) (DSS)

YESNORF.

194. After the age of 18, did a close friend or family member ever die in an accident, homicide, or suicide?

- 1. Yes
- 2. No
- 7. Don't know / Not sure
- 9. Refused
- 8. Refused Module

(Go to PTSD1)

TSSTKCH (NEW) (DSS)

YESNORF.

I'm going to ask you some questions about things that may have happened to you BEFORE the age of 18.

195. Before the age of 18, did anyone ever take something from you by force or threat of force? This includes only face-to-face encounters, such as a mugging or hold up.

- 1. Yes
- 2. No
- 7. Don't know / Not sure
- 9. Refused
- 8. Refused Module

(Go to PTSD1)

TSSBTCH (NEW) (DSS)

YESNORF.

196. Before the age of 18, did anyone ever beat you up, such as slap, punch, or kick you, or attack you? (This includes a stranger or some one you know, like a partner or family member).

- 1. Yes
- 2. No
- 7. Don't know / Not sure'
- 9. Refused
- 8. Refused Module

(Go to PTSD1)

TSSSXCH (NEW) (DSS)

YESNORF.

197. Before the age of 18, did anyone ever force you into unwanted sexual activity by using force or threatening to harm you. (This includes any type of unwanted sexual activity, not just penetration.)

- 1. Yes
- 2. No
- 7. Don't know / Not sure
- 9. Refused
- 8. Refused Module

(Go to PTSD1)

TSSDICH (NEW) (DSS)

YESNORF.

198. Before the age of 18, did a close friend or family member ever die of in an accident, homicide, or suicide?

- 1. Yes
- 2. No
- 7. Don't know / Not sure
- 9. Refused
- 8. Refused Module (Go to PTSD1)

PTSD

Now I'm going to ask you some questions about experiences people have had that are frightening, upsetting, or stressful to most people. Please think back over your whole life when you answer these questions. Your answers are important to us, but you do not have to answer any questions that you don't want to.

PTSD1 (OWH)

YESNO.

199. Thinking back over your entire lifetime, have you ever had any experience or experiences that were frightening, horrible or upsetting?

- 1. Yes
- 2. No (Go to CLOSING)
- 7. Don't know / Not sure (Go to CLOSING)
- 9. Refused (Go to CLOSING)
- 8. Refused module (Go to CLOSING)

PTSD2 (OWH)

YESNO.

200. Now thinking about the last 30 days, did you have nightmares about any experience or think about it when you did not want to?

- 1. Yes
- 2. No
- 7. Don't know / Not sure
- 9. Refused

PTSD3 (OWH)

YESNO.

201. In the past 30 days, did you try hard not to think about any experience or go out of your way to avoid situations that reminded you of it?

- 1. Yes
- 2. No
- 7. Don't know / Not sure
- 9. Refused

PTSD4 (OWH)

YESNO.

202. In the past 30 days, have you been constantly on guard, watchful, or easily startled?

1. Yes
2. No
7. Don't know / Not sure
9. Refused

PTSD5 (OWH)

YESNORF.

203. In the past 30 days, have you felt numb or detached from others, activities, or your surroundings?

1. Yes
2. No
7. Don't know / Not sure
9. Refused

MEDI_FU2 (ask if age >= 65 and did not say "yes" to MEDICARE)

YESNO.

204. Do you have a social security card with red, white and blue stripes?

1. Yes
2. No
7. Don't know / Not sure
9. Refused

(changed June 1, 2001)

CLOSING: That's my last question. We appreciate the time you took to help the State of California develop and expand services and educational programs for women. We know that some of the questions we asked you were very personal, but please remember that your answers will be kept confidential. If you would like to talk with someone about these personal questions you may call RAINN at 1-800-656-HOPE. We hope you feel good about your contribution. Thank you.

SPANINT

SPANINT.

(TO INTERVIEWER:) In what language was this survey completed?

1. Spanish
2. English